| STATE OF MARYLAND  | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 3  |
| County le auxe   | Registration Dist. No. 2   |
| Village or City Dunkuk Md  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)                                     |
| Length of residanca in city or town where death occurredyrsmos   |  |
| 2. FULL NAME Joh anny  | If U. S. Veteran, specify WAR  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  Month  (Month)  (Day)  (Yeer)   |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I ettended decessed from 19, 19, 19, 19   |
| 6. DATE OF BIRTH (month, day, end year) truly 2 1936   | I last saw h alive on  |
| 7. AGE Yeers Month's Deys If LESS then   | to have occurred on tha dete steted above, et  |
| Auchorn 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:   |
| 8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Millbon  |
| A Tistle, profession, or periturbate  Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc.  10. Deta daceasad lest workad et this occupation (month and |  |
| 10. Deta daceasad lest workad et this occupation (month and yeer) spent in this occupation occupation  |  |
| 12. BIRTHPLACE (city or town) Dunkink Ind  | Other Contributory Causes of Importance:   |
| (Stata or country)   |  |
| 13. NAME James V. Charley  |  |
| 13. NAME famel. Chancy  14. BIRTHPLACE (city or town) Dunkuh  (Steta or country)   | Name of operation Data of What test confirmed diagnosis? Was there an europsy?   |
| 15. MAIDEN NAME Hazel M. Phippy  | 23. If deeth was due to externel causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Hazelm' Phippy  16. BIRTHPLACE (city or town) Deale a acr  | Accident, suicide, or homicide?  |
| 17. INFORMANT James V Chancey  | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL   |  |
| Piece Smith will Date Fraly 3, 1936  | Menner of Injury   |
| 19. UNDERTAKER James N Chaney.   | 24. Was disease or injury in any way related to occupation of deceesed?  |
| 20. FILED Isoly 2, 1924 W. Atardesh Registrar.   | (Signed) flewedy Laneer M. D.  (Address) while mailler   |

mation should be carefully supplied. AGE should be N. B.-WRITE PLAIN V. S. No. 1

. Every item of infor-

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECO

IARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis 8 1930  | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

. Every item of infor-

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT REC

ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

-WRITE PLAIN

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| 1. PLACE OF DEATH  County Calvert Co Mo  | Registration Dist. No. 52  |
|--|--|
|  |  |
| Village or City And and  | NoSt.,Wa   |
| Length of residence in city or town where death occurredyrsmo  | sds. How long In U.S. if of foreign birth?yrsmos   |
| 2. FULL NAME Kalit Claggiell   | If U.S. Veteran specify WAR.   |
| (a) Residence: No. Bunders and and   | St. Ward.  |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)  | 21. DATE OF DEATH  (Month) (Oay) (Year)  |
| 1. If merried, widowed, or divorced Charlie Classett   |  |
| (or) WIFE of Widow   | HEREBY CERTIFY, That I attended deceased fr  |
| DATE OF RIPTH (month day and year) July 15- 1873   | Vlast saw h. L.A. alive on J.M. A. 1926 : death is s   |
| AGE Years Months Oeys If LESS than   | Vast saw h   |
| (02, 1 day,hrs.  |  |
| 1 % Trade profession or particular   | were as follows: Date of or  |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | My Maria Caralla Caral |
| 9. Industry or business In which   | William of Canllagues  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and | Lease to realize in the at complete  |
| 10. Date deceased last worked at this occupation (month and spent in this spent in this  | cer; due to response of variousities investight  |
| year)occupation  | Other Contributory Causes of importance:   |
| 2. BIRTHPLACE (city or town) Calvert   | artero Eslevous  |
| (State or country)   | - Hernotemesis: not due to carren of the   |
| 13. NAME Robert Thomas   | Stomoch  |
| 13. NAME Robert Thomas  14. BIRTHPLACE (city or town) Calvert  | Name of operation Oate of  |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIOEN NAME Priscilla Ray 1  16. BIRTHPLACE (city or town) Calvert (State or country)  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town) Calvert T  | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country) CO MO   | Where did injury occur?  |
| 7. INFORMANT Murray Claggest (Address)   | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.   |
| 8. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Plece Hope Caml - Date July 20, 1936   | Nature of injury   |
| 9. UNDERTAKER & H B Purker   | 24. Was disease or injury in eny way related to occupation of deceased?  |
| (Address) 47 Washington SI   | If so, specify   |
| 0 0 04   | (Signed) Application of the state of the sta |
| 10. FILEO July 14. Hardes ty Registrar.  | (Address) Sull Mideral   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I   |            | Example II   |            |
|---|------------|--|------------|
| The principal cause of death and related cause of importance were as follows: | 3 1/1      | The principal cause of death and related causes of importance were as follows: |            |
| Arteriosclerosis  | 1915       | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis  | 1921       | Run over by street car   | 1 week ago |
| Cerebral hemorrhage 1936  | Jay 5,1927 | Peritonitis  | 3 days ago |
| EAEL V.   | 5.         |  |            |
| Other contributory causes of importance:                                      |            | Other contributory causes of importance:                                       |            |
| Gallstones  | May 1,1923 | Gastroenteritis  | 1 year     |
|   |            |  |            |
|   |            |  |            |
|   |            |  |            |

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARTLAND  | CERTIFICATE OF DEATH 7158  |
|--|--|
| 1. PLACE OF DEATH  |  |
| County Callett   | Registration Dist. No. 🥥 🖊   |
| , Village or City Walkelle   | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)                |
|  | death occurred the hospital of historians, give his tyring history history and administry                          |
| 2. FULL NAME To becca 7 Costes   | If U.S. Veteran specify WAR.   |
| (a) Residence: No. Wall welle  | St., Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEK 4. COLOR OR RACE OR DIVORCED (write the word) Set If married widowed or divorced  | 21. DATE OF DEATH (Month) (Day) (Year)   |
| Fe. If merried, widowed, or divorced  #USBAND if (or) WIFE of  #USBAND if (or) WIFE of   | 1 HEREBY CERTIFY, That battended deceased from   |
| 5. DATE OF BIRTH (month, day, and year) felloway / 2 858   | I last saw h A alive on  |
| 7. AGE Years Months Days If LESS than 1 day,hrs.   | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence     |
| / ormin.   | were as follows:   |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.  | Custom Verning   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at bis securation (month and  | dentif Cardial Failure Dune  |
| 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation Acknowledges  |  |
| 12. BIRTHPLACE (city or town) Calvett G (State or country)   | Other Contributory Causes of Importance:   |
| 13. NAME Server Sancer   |  |
| 13. NAME LEWY LANGE 14. BIRTHPLACE (city or town) Cally Control of | Name of operation Date of  |
| (State of Country)   | What test confirmed diagnosis? Was there an autopsy? MA  |
| 15. MAIDEN NAME CHARLES COLOR OF TOWN) CSTATE OF COUNTRY (State of country)  | 23. If death was due to external causes (VIOLENCE) fill In also the following:                                     |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of Injury, 19   |
| (State or country)   | Where did injury occur?  |
| 17. INFORMANT July Coals (Address) III alloelle, Med   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CRAMATION, OR REMOVAL  | Manner of injury   |
| Place Prooks Chyel Date / 9/36, 19   | Nature of injury   |
| 19. UNDERTAKER We alson Mason<br>(Address), The Wred., Med.  | 24. Was disease or injury in any way releted to occupation of deceased?  |
| 20. FILED 7/9 , 1936 Q. M. Ifen Registrar.   | (Signed) Address) And Address M.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Questio: 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I   | i               | Example II   |                           |
|---|-----------------|--|---------------------------|
| The principal cause of death and related eause of importance were as follows:  Arteriosclerosis | B Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Complying homographics AUG 5 1935   | 1921            | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage   | July 5,1927     | Peritonitis  | 3 days ago                |
| BUREAU V. S   | 5.              |  | - ge age                  |
| Other contributory causes of importance:  |                 | Other contributory causes of importance:   |                           |
| Gallstones  | May 1,1923      | Gastroenteritis  | 1 year                    |
|   |                 |  |                           |
|   |                 |  |                           |

|      | infor-<br>state<br>UPA-                        |   | MARYLAND-                 | CERTIFICATE OF DEATH   | 110:            |
|------|--|---|---------------------------|--|-----------------|
| )    |  | 1. PLACE OF DEATH   | -                         |  |                 |
|      |  | County Called   |                           | Registration Dist. No. 5/  |                 |
| 1    | shou<br>of O                                   | Village or City Suull Tu                                      | eleuch "                  | No. Abut S. St., death occurred in a hospital or institution, give its NAME instead of street and  | Ward            |
| 1    | 200 7  | Length of residence in city or town where deeth oc            |                           | ds. How long in U.S. if of foreign birth?yrsm  |                 |
|      | COAD. Every<br>PHYSICIANS<br>Ict statement     | 2. FULL NAME Still ho   | ru Harde                  | oly If U.S. Veteran epecify WAR  |                 |
|      | D. 1<br>SIC<br>tate                            | (a) Residence: No. Junto Fu                                   | Auch                      | /St., Ward.  |                 |
| 4    | 4  |   | Usual place of abode)     | If nonresident give city or town and   | d State         |
| 5    | RECO.<br>PH<br>Exact                           | PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. SIN      |                           | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |                 |
|      | T R  |   | DIVORCED (write the word) | HUM 7  | . 193           |
| 5    | T L ed.  | 5a. If married, widowed, or divorced                          |                           | (Month) (Day)  | (Year)          |
| 1    | RMANEN<br>X A C T L<br>classified.             | HUSBAND of<br>(or) WIFE of                                    |                           | 22. 1 HEREBY CERTIFY, That I attended  | deceased from   |
| Z    | print a  | 2.00  | 7 102                     | 1926 to 1824   | , 19.26         |
| ğ    | PE<br>Edy<br>ate                               | 6. DATE OF BIRTH (month, dey, and yeer)                       | Days If LESS then         | Mest saw b elive on 19 19 19 19 19 19 19 19 19 19 19 19 19   | ; deeth is seid |
| J.K  | IS A PE<br>stated E<br>properly<br>certificate | T. AGE  | 1 dey,hrs.                | The PRINCIPAL CAUSE OF DEATH end releted causes of importance  |                 |
| 4    | IS<br>sta<br>pro<br>cert                       | 8. Trade, profession, or perticuler                           | f ormin.                  | colamentic Tovania   | Date of onset   |
| 1    | HIS<br>be<br>be<br>of                          | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.       |                           | - Commercial Parties - Section - Sec | -               |
| 2    | ould<br>may<br>back                            | 9. Industry or business in which work wes done, es SILK MILL, |                           |  |                 |
| 五    | INK-<br>sho<br>it n<br>on b                    | SAW MILL, BANK, etc   | 11. Totel time (years)    |  |                 |
| 5    | [7]  | this occupation (month and year)                              | spant in this occupation  |  |                 |
| 4    | NFADING pplied. AGI erms, so tha instructions  | 12. BIRTHPLACE (city or town) June 1                          | Judewell                  | Other Contributory Causes of importance:   |                 |
| T Y  | AD sd. S, S                                    | (Stete or country) MA   |                           | - A  |                 |
| E E  | NFA<br>oplied<br>erms,<br>instru               | 13. NAME Carrent Har  | destry                    | V  |                 |
| AH.  | y sur<br>ain t                                 | 4 14. BIRTHPLACE (city or town)                               | us to                     | Nama of oparation Date of  |                 |
|      | E P 60   | (State of country)  | to to                     | Whet test confirmed diagnosis? Was there en  | autopsy?        |
|      | Y, WIJ<br>carefull<br>'H in pl<br>ortant.      | 15. MAIDEN NAME GAMES (City or town)                          | renton                    | 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the followin   |                 |
|      |  | 16. BIRTHPLACE (city/or town)                                 | Very co.                  | Accident, suicide, or homicide? Deta of injury   | , 19            |
| U    | be<br>EA                                       | Parad   | Hundert.                  | Where did injury occur?(Specify city or town, county and Ste<br>Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI  | ite)            |
| ADDV |  | 17. INFORMANT CAUTHUR (Address)                               | o manyag                  | openity whether injury occurred in impostat, in nome, or in robello ri   | INCE.           |
|      | F 7 10   | 18. BURIAL CREMATION, OR REMOVAL                              | 7/0/1                     | Manner of injury   |                 |
|      | On<br>SEE                                      | Plece Met Varnoup Dete  | 18/3 5 ,19                | Nature of injury   |                 |
| 4    | -WRITE<br>mation s<br>CAUSE<br>TION is         | 19. UNDERTAKER W. J. Hulle he                                 | use .                     | 24. Wes disease or injury in any wey related to occupetion of deceesed?  |                 |
| NO.  | B. J. J.                                       | (Address) Qurings, Nel  | 1                         | If so, specify   |                 |
| á    | ż  | 20. FILED 7/8/3 L, 19   | Jung                      | (Signed) Sall Sall Sall Sall Sall Sall Sall Sal  | M. D            |
|      |  |   | // Registrar.             | (Address) Manual Manual  | V 1 81          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 400  | Example I                               | 11            | Example II   |               |
|--|---|---------------|--|---------------|
| The principal cause of of importance were as f | death and related causes ollows:        | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                               | AUG 5 1936                              | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephrit                   | is                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                            | RUREAU V. S.                            | July 5,1927   | Peritonitis  | 3 days ago    |
| 11-  | 2 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |               |  |               |
| Other contributory caus                        | ses of importance:                      |               | Other contributory causes of importance:                                       |               |
| Gallstones                                     |   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |   |               |  |               |
|  |   |               |  |               |

TION is very important. See instructions on back of certificate.

should state

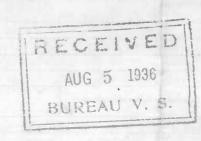
N. B.—WRITE PLAINLY,

V. S. No. 1

FOR BINDING

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 7160   |
|--|---|
| 1. PLACE OF PEATH  | 877   |
| County Collect.  | Registration Dist. No. 51   |
| Village or City June Fudench   | No. (alwer to Fossilla St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos.                            |   |
| 2. FULL NAME Gladys Hard   | etly 1f U.S. Veteran specify WAR  |
| (a) Residence: No. Odvidy (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)                                       | 21. DATE OF DEATH  (196/hth) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Connect  Hackerly            | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) March 29, 1966                                     | Plast saw alive on July 0 9 1, 1956; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 4-5-m.  |
| 30 3 10 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were exfollows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Rot complicated by a present condition.  Cause, unbrown Duration: four days.  |
| SAW MILL, BANK, etc  |   |
| 12. BIRTHPLACE (city or town) Calust Cy (State or country)                                 | Other Contributory Causes of importance:  Cause of the eclampace: unknown.  Pathology: Hydromin and central mecrose.      |
| 13. NAME Odie Calleifore   | of liver.   |
| 14. BIRTHPLACE (city or town) (State or country)   | Name of operation   |
| 15. MAIDEN NAME GEORGICA COX   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 16. BIRTHPLACE (city or lown) Palle & Company  | Accident, suicide, or homicide?   |
| 17. INFORMANT W. Hulchers (Address) Owerds   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.        |
| 18. BURIAL CREMATION, OR REMOVAL Place W. Farnesney Date /1/36, 19                         | Manner of InjuryNature of Injury  |
| 19. UNDERTAKER Harry Arthurs (Address) Carthurs  | 24. Was disease or injury In any way related to occupation of deceased?   |
| 20. FILED Soly 10, 1934 & 77. 15mg   | (Signed) Jagger J. M. D.  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



V. S. No. 1

| M         | item of infor-<br>should state<br>of OCCUPA-   |
|-----------|--|
| 5         | A PERMANENT RECENTD. Every item of infor-<br>ed EXACTLY. PHYSICIANS should state<br>berly classified. Exact statement of OCCUPA- |
| R BINDING | ed EXACTL perly classified.  |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 7155   |
|---|---|
| 1. PLACE OF DEATH /   | (97)  |
| County Caguel   | Registration Dist. No. 51   |
| Village or City June Fudench  | No. Calaus Co Hayard St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
|   | ds. How long in U.S. if of foreign blrth?yrsmosds.  |
| 2. FULL NAME: The drew Hams   | If U.S. Veteran specify WAR   |
| (a) Residence: No. (Boustland (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (**wise the word)  Wale Colored  **Color OR RACE OR DIVORCED (**wise the word)  **Wale  **Color OR RACE OR DIVORCED (**wise the word) | 21. DATE OF DEATH 5 (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Ella Hasses   | 22. I HEREBY CERTIFY. That I attended deceased from  August 19  19  |
| 6. DATE OF BIRTH (month, day, and year)   | I last saw dimalive on July 4 , 19176; death is said  |
| 7. AGE Years Months Oays If LESS than   | to have occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance           |
| ormin.  | were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  | Janometo Ralefulia y hegs. 1935   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                               | Jangelle Light Josef Laughten Suit  |
| SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  year) 11. Total time (years)  spent in this occupation occupation                |   |
| 12. BIRTHPLACE (city or town) Calvet Creaty  (State or country)   | Other Contributory Causes of importance:  |
| 13. NAME MASIS Hasis  | ( Micoline flowsmy ( Chiorne)   |
| 14. BIRTHPLACE (city or town)   | Name of operation Oate of   |
| (State of county)   | What test confirmed diagnosis? Was there an autopsy? Lo_  |
| 15. MAIDEN NAME Elyabeth allen  16. BIRTHPLACE (city or town). Calvest 6  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?        |
| (State or country)  | Where did injury occur?(Specify city or town, county and State)   |
| 17. INFORMANT (LA CONTRACTOR) (Address) (Daustaw, Md.   | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Place Carries Oate / 7 ,1936  | Nature of Injury  |
| 19. UNDERTAKER Wilson Misson  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) M. W. Alerick, Med.   | If so, specify  |
| 20. FILED / 7   | (Signed) (Address) Thomas Trederick   |

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis AUG 5 1930  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis AUG 3 1930                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage BUREAU V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | en entred     | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| CONTRACTOR CONTRACTOR  |               |  |               |



CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

(Day)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUDEAU V.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STAT | TEMENTS BY PHYSICIAN |
|-----------------------------------|----------------------|
|-----------------------------------|----------------------|

nforstate JPA.

|        | 2. FULL NAME Willie Musor  | ds. How long in U.S. if of foreign birth?dsds  If U.S. Veteran, specify WAR  |
|--------|--|--|
|        | (a) Residence: No. Washington & E  | St., Ward.  If nonresident give city or town and State   |
|        | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 7      | SEX  4 COLOR OR RACE  5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 58     | a. If married, widowed, or divorced HUSBAND of (or) WIFE of  **Ref   Company   Company | 22. I HEREBY CERTIFY. That I attended deceased from  |
| 6.     | DATE OF BIRTH (month, day, and year)   | I last saw h aliva on teath is said  |
|        | AGE Years Months Days If LESS than 1 day,hrs.  | to have occurred on the date stated above, at 7m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:          |
| NOIL   | 8. Trada, profassion, or particular kind of work done, as SPINNER, Cook SAWYER, BOOKKEEPER, atc.   | Chronielty ocentra. Duration:  |
| IPA    | Industry or business in which work was dona, as SILK MILL,   | several years. Center.   |
| OCCI   | SAW MILL, BANK, etc  Date decased last worked at this occupation (month end 1-5-36 spent in this occupation  |  |
| 1      | Z. BIRTHPLACE (city or town) Wat Constant (State or country)   | Other Contributory Causes of Importance  |
| HER    | 13. NAME Not Known   |  |
| FATH   | 14. BIRTHPLACE (city or town)  | Name of operation Date of  |
| _      | (State of Country)   | What test confirmed diagnosis? Was there an autopsy?   |
| HER    | 15. MAIDEN NAME  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| MOTHER | 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide?  |
| 1      | 7. INFORMANT May Rushier   | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 1      | 8. BURIAL, CREMATION, OF REMOVAL Place Was he glon Date 7 (6), 1936  | Manner of Injury   |
| 1      | 9. UNDERTAKER Wily Megoon<br>(Addrage) A. Wederch med  | 24. Was disease of injury in any way related to occupation of decaasad?  |
|        | 7/ 2/ 2/ 02  | (Signed) for off Luly M.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee;" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample I

Evample II

| Example 1  |                                     |               | Example 11   |                           |  |
|--|-------------------------------------|---------------|--|---------------------------|--|
| The principal cause o of importance were as Arteriosclerosis | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |  |
| Chronic interstitial neph                                    | ritis AUG 5 1930                    | 1921          | Run over by street car   | 1 week ago                |  |
| Cerebral hemorrhage  | AUG 3 1000                          | July 5,1927   | Peritonitis  | 3 days ago                |  |
|  | BUREAU V. S.                        |               |  |                           |  |
| Other contributory ca  | uses of importance:                 |               | Other contributory causes of importance:   |                           |  |
| Gallstones   |                                     | May 1,1923    | Gastroenteritis  | 1 year                    |  |
|  |                                     |               |  |                           |  |
|  |                                     |               |  |                           |  |

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF I              | Crest                              |                                |                  | Desire No. 184  | 51                           |
|----------------------------|------------------------------------|--------------------------------|------------------|---|------------------------------|
| County Va                  | 1                                  | 2 1 0                          | 0                | Registration Dist. No.  |                              |
| Village or City            | June 7                             | redeuch                        | (JI              | No. Called County Tambus of at death occurred in a hospital or institution, give its NAME instead of at | St.,Ward reet and number)    |
| Length of residence        | e in city or town where            | death occurred                 | yrs,mos          | ds. How long in U.S. If of foreign birth?yrs  | ds.                          |
| 2. FULL NAME               | Hazel                              | Virgini                        | a Marko          | Che If U.S. Veteran specify WAR   | •                            |
| (a) Residence:             | No. Que                            | uds.                           |                  | St., Ward.  |                              |
|                            |                                    | (Usual place o                 | of abode)        | If nonresident give eity or t   | own and State                |
|                            | AND STATIST                        |                                |                  | MEDICAL CERTIFICATE OF DE   | ATH                          |
| 3. SEX 4.                  | COLOR OR RACE                      | 5. SINGLE, MARR<br>OR DIVORCED | (write the word) | 21. DATE OF DEATH   | 7 6                          |
| temale                     | white                              | mar                            |                  | (Month) (Day)   | (Yeer)                       |
| 5e. If merried, widowed, a | O -                                | en Marc                        | . 00             | 22. 1 HEREBY CERTIFY, That I  | attended descend from        |
| (or) WIFE of               | Calvert                            | roya                           | cek              | July 2/ 1976 to   | 19                           |
| 6. DATE OF BIRTH (mon      | th, dev. end year)                 | Yarch 10                       | 0,1910           | 1 lest saw h_eV alive on Jacob 27   | 19_36_; death is said        |
| 7. AGE Years               | Months                             | Days                           | If LESS then     | to heve occurred on the dete steted above, atm.   |                              |
| 26                         | 5                                  | 17                             | 1 day,hrs.       | The PRINCIPAL CAUSE OF DEATH and releted causes of Importe were as follows:                             | 1                            |
| 8. Trede, profession       | , or perticular                    | 11. 1                          |                  | Lineseine Crycheses   | Date of onset                |
| SAWVED RO                  | done, as SPINNER,<br>OKKEEPER, etc | Hauser                         | refrer           | auchos would of afdoran   | ( ) Lly 27, 19               |
| 9. Industry or busin       | e. as SILK MILL.                   | Horne                          | -                | J   |                              |
| SAW MILL, B                | st worked et                       | 11. Totel tin                  | me (years)       |   |                              |
| this occupation            | n (month and fully                 | span                           | t In this 2/24   | g   |                              |
| 12. BIRTHPLACE (city or    | ode                                | ant B                          |                  | Other Contributory Canses of Importence:  |                              |
| (Stete or country)         | town)                              | Will                           |                  |   |                              |
| 13. NAME                   | Joseph ,                           | W. King                        |                  | -   |                              |
| 14. BIRTHPLACE (cit        | vortown Ca                         | Eust 10                        |                  | Name of operation ald mund Jestine 1  | Date of Silking 2 193        |
| (State or cou              | ,,,                                | Mis                            |                  | Whet test confirmed diegnosis? Was t  |                              |
| 置 15. MAIDEN NAME          | Cora                               | Wilken                         | sou.             | 23. If death was due to externel causes (VIOLENCE) fill in also the                                     |                              |
| 16. BIRTHPLACE (cit        | v or town)                         | alvert 1                       | 13,              | Accident, sulcide, or homicide? Suscelle Dete of injury   | 1 /                          |
| ∑ (Stete or cou            |                                    | MA                             | 7_               | Where did injury occur?   |                              |
| 17. INFORMANT              | alrust                             | Markal                         | 4                | (Specify of town, county<br>Specify whether Injury occurred in INDUSTRY, in HOME, or In PU              | y and State)<br>IBLIC PLACE. |
| (Address)                  | Rucus                              | is Mul                         |                  | Home  |                              |
| 18. BURIAL, CREMATION      | OF REMOVAL                         | 11 5                           | d al             | Menner of Injury And Guer Wall  | u.d.                         |
| Plece                      | mecs                               | Dete                           | D , 1966         | Neture of injury Local Millian of Blags   | hulge                        |
| 19. UNDERTAKER             | erry A                             | refiles                        | 7-9              | 24. Wes diseese or injury in eny way releted to occupetion of dece                                      | esed?MO                      |
| (Address) CE               | wings                              | m                              | 1 .              | If so, specify  |                              |
| 10. FILED 7-28             | 19 36-                             | 27.10                          | 2009             | (Signed) and the state of   | M. D.                        |
|                            | 0                                  |                                | Registrar.       | (Address) A freehel full  | MM                           |

B.—WRITE PLAI

D. Every item of infor-

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis AUC 5 1936  | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage HUREAU V.  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

V. S. No. 1

| STATE OF MA | RYLAND- | CERTIFICA | ATE | OF | DEATH |
|-------------|---------|-----------|-----|----|-------|
|-------------|---------|-----------|-----|----|-------|

7164

| 1. PLACE OF DEATH  | 93-0  |
|--|---|
| County Calvert   | Registration Dist. No.  |
| Village or City Darko,   | NoSt.,Ward  |
|  | f death occurred in a hospitel or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsds.  |
| 1202 V 60 1  |   |
| 2. FULL NAME YVICES ! STATE !  | If U.S. Veteran apecify WAR   |
| (a) Residence: No. WYD WOL   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perie lhe word)  Married Married  | 21. DATE OF DEATH (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBANO of Cor) WHFE of Reluced Secretal Married  | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) January 10, 187  | I last saw h is alive on July 16, 1936; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, atm.   |
| 57 6 8 1 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| Z Strade, profession, or particular kind of work done, as SPINNER, Architect   | Cosonary Adlianis-  |
| SAWYER, BOOKKEEPER, etc.   | - and myoraided factor fully  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dale deceased last worked at this occupation (month and | Charley constrony occlusion - Curich &  |
| 10. Dale deceased last worked at this occupation (month and spent in this  | Chronic myocardetis . Duration in bost  |
| this occupation (month and spent in this occupation occupation   | Turk years.   |
| 12. BIRTHPLACE (city or town)  | Other Coutributory Causes of importance:  |
| (State or country) Calvil Co Mid   | seletatie, alluromala   |
| 13. NAME LEVE SEWELL   | Chandles on alteries  |
| 14. BIRTHPLACE (city or town). Day Ex  | Name of operation   |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Harriel Russel   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 5 16. BIRTHPLACE (city or town) ~ Dar &  | Accident, suicide, or homicide? Date of injury, 19,   |
| (State or country) Calvert Como  | Where did Injury occur?   |
| 17. INFORMANT Mrs of SEWELL (O Mod (Address) Daves Oakstert to mod   | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  Place I chum froint Cent Oate 1/2/ ,1936  | Manner of Injury  |
| 19. UNDERTAKER EIKBILATRA- (Address) 47 Nachmalon 51-  | 24. Was disease or Injury in any way related to occupation of deceased?   |
| 20. FILEO 7/21 , 19 36 . N. Jung Registrar.  | (Signed) M. D. M. |
| If more blanks are needed, address State Registrar   | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis AUG 5 1930                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage BUREAU V. S.   | July 5,1927   | Peritonilis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | 71.012        |

N. B.—WRITE PLAI

V. S. No. 1

| STATE O  | F MARYLAND-                                     | CERTIFICATE OF DEATH  | 716           |
|--|---|---|---------------|
| 1. PLACE OF DEATH  |   | (8250)  |               |
| County Calvery   |   | Registration Dist. No. 5  |               |
| Village or City Suule (7   | rodench   | No. Callet Centy Xessy.   | Wa            |
|  |   | f death occurred in a hospital or institution, give its NAME instead of street and i                            |               |
| Length of residence in city or town where de   | ath occurred yrsmo                              | sds. How long in U.S. if of foreign birth?yrsm  | 05            |
| 2. FULL NAME CMUSH,  | h sopley  | If U.S. Veteran specify WAR.  | **********    |
| (a) Residence: No.   | allees, 194                                     | St., Ward.  | State         |
| PERSONAL AND STATISTIC   | (Usual place of abode)                          | MEDICAL CERTIFICATE OF DEATH  | State         |
|  | 5. SINGLE, MARRIED, WIDOWED,                    | 21. DATE OF DEATH   |               |
| Male White   | OR DIVORCED (write the word)                    | (Month) (Day)   | , 193 (Year)  |
| e. II married, widowed, or divorced HUSBAND of Ger, Wife of January                        | Loper   | HEREBY CERTIFY, That I attended   | deceased f    |
| DATE OF DEPTH (month day and was)  | Perelon 15 197                                  | Mest saw it W elive on July 15 195  | _: deeth ls : |
| . DATE OF BIRTH (month, day, and year)   | Oays   If LESS than                             | to heve occurred on the date stated above, at 11. 3. m.   | .,            |
| 66 5   | 1 day,hrs.                                      |   |               |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Zannen  | Cesella Kessomhage  | Vate of or    |
| SAWYER, BOOKKEEPER, etc  |   |   | -/            |
| 10. Dats deceased last worked at this occupation (month end 1918 year)                     | 11. Total time (years) spent In this occupetion |   |               |
| 12. BIRTHPLACE (city or town) Calls (State or country)                                     | ell Co  | Other Contributory Causes of Importance;  | -             |
| ~  | Vina .  |   | -             |
| 13. NAME POLICE (C.  | Capelly 1                                       |   |               |
| 14. BIRTHPLACE (city or town) (State or country)   | AULY CO.  | Name of operation   |               |
| (otate of country)   | De la suca a                                    | What test confirmed diagnosis? Was there an   |               |
| // //  | · Jasmas  | 23. If death wes due to external ceuses (VIOLENCE) fill in elso the following                                   |               |
| 16. BIRTHPLACE (city or town)  | axived to                                       | Accident, suicide, or homicide? Dete of Injury  Where did injury occur?   | , 19          |
| 0 4 4 1 01   | Jan.  | (Specify city or town, county and Stal<br>Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PL | te)           |
| 17. INFORMANT (Address)  | of Tokker                                       | Specify whether injury occurred in INCOSTRI, in NOME, OF IN PUBLIC PL   | MUE.          |
| 18. BURIAL, CREMATION, OR REMOVAL  | 2001c July 17, 1936                             | Manner of Injury  |               |
|  | . 2 1   | 10010 01 (1)01)   | 1/2           |
| 19. UNDERTAKER W. H. Hut clar<br>(Address)   | us ons.   | 24. Was disease or Injury In any wey releted to occupation of deceased?   |               |
| •  | M. In Is  | If so, specify (Signed)   |               |
| 20. FILED 3 - 1 S, 19 3 C 1  | D. M. Jung                                      | The sale hills  | 10//          |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis AUG 3 1330                                      | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage RIFEAU V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |